Subcontractor Pre-Qualification

Thank you for your recent inquiry regarding subcontracting opportunities with Foster Wheeler Environmental Corporation (FWENC) at the Rocky Mountain Arsenal. We strictly enforce compliance with all applicable government rules and regulations.

The Rocky Mountain Arsenal project brings many exciting challenges and risks associated with remedial action requirements of thirty-one projects that have been identified in the Site Wide Implementation Plan. Consequently, Foster Wheeler Environmental Corporation will pre-qualify all future subcontractors to ensure safe, compliant, quality and timely project execution. Areas such as Health and Safety, relevant past experience for required services, fiscal responsibility, and regulatory compliance will be considered in the overall pre-qualification of each subcontractor. Please submit your latest Standard Form 254 as further evidence of your past performance, if available.

Submit your package to:
Foster Wheeler Environmental Corporation 72nd Avenue & Quebec Street
Commerce City, CO 80022-1748
Attn: Carolyn Proctor

COMPANY .	NAME										
CONTACT			ADDRESS								
FIRST NAME						ADDRESS					
LAST NAME							<u> </u>				
TITLE						CITY				-	
PHONE						STATE					
FAX						ZIP CODE					
*REFRENC	ES					SOCIOECONO CLASS:	OMIC	SB	SDB	WOSB	8(A)
PLEASE .			ITH <u>THREE</u> CT PERSO		RENCES	(please circ	le one)	LB	Other		
COMMODI'	TIES	Please cir	cle the wor	k you wo	uld like to	provide below					
Engineering,	Geosyn	thetic Test	ting, Air	Quality,	Grou	nd Water, V	Vells,	Labora	tory,		
Remediation	Geoteci	ınical,	Fencing,	Cablin	g, Soil	Remediation,	Hazardo	us Mat	erial Ha	ndling,	
Asbestos Aba	itement,	Mass Exc	cavation,	Structu	re Demolit	ion, Road Co	nstruction	1,			
Revegation,	Materia	ls Hauling	g, Drilling	, Healt	th & Safety	Monitoring,	Electrical	Installa	ation, I	^D iping,	
Construction	/Operation	of Deconi	tamination I	Pads,	RCRA Type	Landfill Constr	uction,	Surve	ying,	UST,	
Othom											



Environmental Health & Safety Questionnal	Primary SIC Code(s):					
Project Name/Location/Dates (if available):	Purchase Order No. (if available):					
Loss History	1998 Year to Date	1997	1996	1995		
Experience Modification Rate						
(Attach verification letter from insurance carrier)						
Total Recordable Injury/Illness Incidence Rate (Attach an OSHA 200 Form for each year listed)						
Lost Workday Incidence Rate						
Lost Time Incidence Rate						
Total Number of Fatalities						
Total Employee Hours Worked by Year (both office and field labor						
Experience Modification Rates: Experience modification carrier based on past claims for losses including worker to obtain verification of your most recent EMR. If an EM year requested, please attach an explanation. Incidence Rate Calculations:	s compensation.	. Please contact	your insurar	ce carrier		
				000 (
Total Recordable Injury/Illness Incidence Rate = the divided by the number of workhours, times 200,000.	total number of d	ases recorded o	n the OSHA	200 form		
Lost Workday Incidence Rate = the number of cases work activity, or both (total of OSHA 200 Form columns 200,000.						
Lost Time Incidence Rate = the number of cases that i columns 3 and 10) divided by the number of workhours,		y from work (tota	al of OSHA 2	00 Form		
Note: If any EMR rate listed is greater than 1.0, or if incidence rates are above the average rates for your industry classification (SIC Code), or if fatalities are listed, you must attach a corrective action plan. The corrective action plan must explain why these rates are high (or the circumstances of the fatality), what corrective action(s) have been implemented to prevent recurrence at other locations, and demonstrate how these corrective actions have been effective.						
Substance Abuse Programs						
Does your company have a substance abuse program w	vhich includes or	e-work (or pre-				
employment), "for cause", and post accident employ	yee drug and alc	cohol testing?	☐ Ye			
If not, will you implement substance abuse testing for wo	ork subcontracted	d to your compar	ıy? 🗌 Ye	s		
Does your company have a program in place that compl Workplace Act?	ies with the Fede	eral Drug-Free	☐ Ye	s 🗌 No		
If not, will you implement a Drug-Free Workplace Progra requirements (DFAR Clause 252,223-7004) for wor			,,? □ Ye	s		

Environmental Health and Safety Program Elements (check all that apply)					
Written Health and Safety Programs (Attach a listing of the written programs, or a copy of the table of contents for the programs)	 Management Commitment and Policy regarding health and safety Company Health and Safety Program Manual Safe Operating Procedures for high hazard operations Written Respiratory Protection Program Written Hearing Conservation Program Written Hazard Communication Program Written Bloodborne Pathogen Program Written Medical Surveillance Program Written Lockout/Tagout procedures Written Confined Space Entry procedures 				
Worksite Evaluation and Analysis	Formalized methods to identify and control high hazard operations Job or Task Hazard Analysis developed for hazardous operations Formalized accident/incident reporting and investigation process Documented "lessons learned" program				
Safety Committees and Meetings	Active company or organization health and safety committee Active site health and safety committee Employee and labor inclusion in site committee Daily "toolbox" site safety meeting requirement Weekly site safety meeting requirement Monthly site safety meeting requirement All employees required to attend site safety meetings Subcontractors required to attend safety meetings				
Environmental Health and Safety Inspections/Audits	Line management participation in site EHS inspections/audits Frequency				
Environmental Health and Safety Training and Awareness Programs	□ Safety training and orientation for new hires □ Safety training and orientation for line management □ Safety training and orientation for site supervisors/foremen □ Safety training and orientation for subcontractors □ Periodic employee/supervisor safety training □ DOT Hazardous Materials (49 CFR 772, Subpart G)trained workers □ Hazardous Waste (29 CFR 1910.120) trained workers □ RCRA facility (40 CFR 264.16 or 265.16) trained workers				
Environmental Programs	Policy statement for environmental compliance or management Written program for environmental compliance or management Procedures for prevention and reporting of spills or releases Procedures for reporting permit exceedences Procedures for review/approval of waste management transporters, vendors, and/ subcontractors				

Environmental Health and Safety Compliance History							
The following compliance questions relate to your company and operations over the past 5-year period. The term company is inclusive of all operations nationwide, all companies and operating divisions, and all company names currently and previously used.							
Has OSHA (federal or state	e) issued any citation(s) to your company?	☐ Yes	□No				
Has OSHA (federal or state sites managed by you	Yes	□No					
Are there any past or pend compliance violations	Yes	□No					
For projects, subcontractors, or sites managed or operated by your company, are there any past or pending environmental enforcement actions or environmental compliance violations for any other related organization? (Note: Related organizations would include subcontractors, site owners, other companies or government organizations. This question is limited to the time period when your company was in management or operational control of the project or site.)							
If yes to any question above, attach a copy of the violation, citation, or enforcement action description, including an explanation of the circumstances and resolution(s) with the agency. Please provide a discussion of what corrective action(s) have been implemented to prevent reoccurrence at other locations, and demonstrate how these actions have been effective.							
I certify and declare under penalty of law that the foregoing environmental health and safety compliance history is true and correct, and that I am a duly authorized representative of the company.							
_	Printed Name	Title					
-	Signature	Date					
Company contact for additional health, safety and environmental program information:							
-	Printed Name Title						
_	Phone Number Fa	Fax Number					

Required Attachments:

Insurance carrier documentation of EMR rates for current and past three years OSHA 200 Forms for current and past three years Corrective action plan (only if EMR or incidence rates are above average, or a fatality is listed)

Listing or table of contents from health and safety and/or environmental compliance program manual(s)

OSHA citation information, if applicable

Environmental enforcement or violation information, if applicable

Five environmental health and safety (EHS) program areas are evaluated to prequalify a subcontractor to perform work for Foster Wheeler Environmental. EHS information provided on the Subcontractor Profile is used as the basis of the prequalification.

1. Loss History

Experience Modification Rates (EMR) must be substantiated with a letter from the subcontractor's insurance carrier or a letter from the subcontractor stating why an EMR is not established. Both the average of the EMR listed **and** the most recent EMR should be less than or equal to 1.0. For years where an EMR is not established, the EMR is assumed to be 1.0.

Three injury/illness incidence rates (total recordable, lost workday, and lost time) will be compared to the Bureau of Labor Statistics national averages for the SIC code most appropriate to work the subcontractor is anticipated to perform. Incidence rates listed must be back-up with a copy of each year's OSHA 200 Form. Subcontractor provided numbers will be used if the subcontractor states that they are exempt from the requirement to maintain an OSHA 200 Form.

2. Substance Abuse Programs

The subcontractor must have a substance abuse program in place which meets the requirements of the federal Drug Free Workplace Act which includes pre-work, "for cause", and post incident employee drug and alcohol testing. Subcontractors who do not have a program in-place, but are willing to implement the required substance abuse program and testing, may be given conditional prequalification. Subcontractors with conditional approval will be required to have an employee drug and alcohol testing program, and may be required by Subcontract to have a substance abuse program in-place prior to the start of work.

3. Environmental Health and Safety Program Elements

Foster Wheeler staff will make a qualitative assessment of the subcontractor environmental safety and health program. The assessment will be made on the basis of the information provided on the Subcontractor Profile form, and compared to the type of work the company is reasonably anticipated to perform. A program that contains basic elements such as company EHS policy, written procedures, worksite inspections, employee training and awareness, and similar items is considered acceptable. A program that does not contain the basic elements necessary for completing work in a safe and compliant manner is considered unacceptable.

4. OSHA Compliance History

The subcontractor should have zero OSHA citations in the past 5 years.

5. Environmental Compliance History

The subcontractor should not have any past or pending environmental enforcement actions or violations in the past five years. This includes the subcontractor, lower tier subcontractors, and sites or projects that are or have been managed by the subcontractor.

Exceptions to Standard Prequalification Criteria

Subcontractors who do not meet the standard prequalification criteria must submit a corrective action plan in each deficient area listed above to be considered further in the prequalification process. The corrective action plan(s) must provide appropriate background information, discuss the corrective actions that have been implemented to prevent recurrence at other locations, and demonstrate how these actions have been effective. Corrective action plans must demonstrate the effectiveness of the corrective actions implemented to be considered or qualify for an exception to the standard prequalification criteria.

Exceptions **may** be made to the standard prequalification criteria listed above by the Program Manager and the Health and Safety or Environmental Compliance Manager. Exceptions will be approved on a case-by-case basis considering information provided on the Subcontractor Profile and the content of corrective action plan(s) submitted by the subcontractor.